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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712941 (4)
1. Corporation Name
HADJI TEMPLE ASSOCIATION, INC.

Principal Place of Business Mailing Address
NINE MILE RD PO BOX 17113 PENSACOLA FL 32522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1968** 3a. Date of Last Report **04/27/1994**

4. FEI Number **50-1174237** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**EDGETT, NORMAN W
800 W NINE MILE RD
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, S. E
STREET ADDRESS	7320 CROCUS TRAIL
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	HOFER, R. A
STREET ADDRESS	2672 TINOSA CIR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	T
NAME	TURLINGTON, TOM
STREET ADDRESS	4290 RAYMON DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	EDGETT, NORMAN W
STREET ADDRESS	6418 DALLAS AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOFER, R.A.
1.3 STREET ADDRESS	2672 TINOSA CIR.
1.4 CITY-ST-ZIP	PENSACOLA, FL.
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DRIVER, W.W.
2.3 STREET ADDRESS	308 YACHT CLUB DRIVE
2.4 CITY-ST-ZIP	FT. WALTON BEACH, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.T. Turlington C. J. Turlington 4/15/95 904-476-9384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #